



**APPLICATION  
FOR  
DEVELOPMENT  
REVIEW**

DR #:

P.O. BOX 3610, #4 George Ct.  
EDGEWOOD, NM 87015  
PHONE: 505-286-4518  
FAX: 505-286-4519

**INSTRUCTIONS**

In accordance with Section 7, Edgewood Zoning Ordinance, no building or structure shall be erected nor mobile home installed within the Town without being reviewed by the Planning & Zoning Office. This form must be completed prior to the beginning of any work. An Administrative fee of **\$50.00** must be submitted with this form.

**AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT**

**APPLICANT INFORMATION**

(Landowner Name, Mailing Address)

Phone:

Address of Property:

Assessor Parcel ID:

Zoning:

**Description of Proposed Development:**

**Total Square Footage including porches:**

**PRIME CONTRACTOR INFORMATION:** BUSINESS/OWNER NAME:

**CONTACT PERSON:**

**PHONE:**

**FAX:**

**ADDRESS:**

**CITY:**

**STATE:**

☐ **Water Service Company:**

☐ **Hydrant location:**

☐ **State Building Permit**

☐ **State Permit for Liquid Waste System**

I hereby acknowledge that I have read this application and information submitted herein and state that it is correct. I agree to comply with all ordinances and laws regulating construction in the Town of Edgewood and agree to comply fully with the 1997 Uniform Fire Code as interpreted by the Santa Fe County Fire Marshall.

**Applicant Signature:** Check one: ☐ Owner ☐ Contractor ☐ Other

**X:**

**PRINT NAME:**

**DO NOT WRITE BELOW THIS LINE**

☐ **Application for Zoning Amendment**

☐ **Wellhead Protection Zone**

☐ **Application for Conditional Use Permit**

☐ **Flood Zone**

DATE: INITIALS:  
PERMIT NAME:  
RECEIPT #:  
IMPACT FEES ASSESSED:  
AMOUNT RECEIVED: